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ABSTRACT

A study team was convened to examine the current status of the delivery system for social services to the elderly in Orange County (California) and to consider the potential of senior centers in fulfilling the role of delivery "focal point." The team was further asked to develop a desirable service delivery system for Orange County as well as guidelines and criteria for various aspects of senior centers. The central notion of the Continuum Model of Senior Services developed was that the senior service focal points should provide access for seniors to all services needed. Services were classified in three basic categories: enhancement, sustainment, and life support. Twenty-six core and twelve ancillary services were identified. Demographic data for Orange County suggested three models of senior center focal points: comprehensive senior service center, special population group senior service center, and mobile senior service center. Recommendations were also made regarding (1) service needs and designation of focal points, (2) administration of services in senior center focal points, (3) staffing of senior centers, and (4) criteria for planning senior service facilities. (Recommendations made throughout are summarized for convenience at the beginning of the report.) (YLB)

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Senior Centers in a Comprehensive Service Delivery System for Orange County

Report and Recommendations of The Orange County Senior Citizens Council-UCI Study Team

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July 1980

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Senior Centers in a Comprehensive Service Delivery System for Orange County

Report and Recommendations of The Orange County Senior Citizens Council-UCI Study Team

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It is hoped that the Study Team's report, and the models described herein, will serve as a useful planning tool for seniors and for public and voluntary agencies in the development of senior service center focal points and the programs and services to be offered. Public officials and other persons with decision-making responsibilities regarding senior citizen centers, programs and services are urged to give careful consideration to the Study Team's findings and recommendations.

The sponsors of this project and the Study Team Leader acknowledge with respect and gratitude the expertise, commitment, and spirit of the Study Team members who exhibited strong concern for the opportunities and needs of seniors and a dedication to improving the quality of life for senior citizens in Orange County.

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***Study Team members are identified by the positions they held when invited to participate in the project; some have changed meanwhile.**

Report and Recommendations of The Orange County Senior Citizens Council-UCI Study Team

Summary of Recommendations

Senior centers should be planned with not for older people. Senior citizens themselves should be involved in every phase of the development and operation of a center and its programs and services.

On Focal Point Models

Focal points as mandated by the Comprehensive Older Americans Act Amendments of 1978 should be described in terms of functions, not as places.

Three senior center focal point models are recommended for Orange County, the choice of which will depend on the particular situation:

- -The Comprehensive Senior Service Center -- a facility-based focal point serving a specific geographic area with a significant senior population.
- -The Special Population Group Senior Service Center -- a focal point serving target groups, such as specific cultural or ethnic populations or the frail elderly, which draws its clientele from a wider geographic area--from a community of interest.
- -The Mobile Senior Service Center -- a mobile unit serving small, scattered, or isolated senior populations.

On Designating Existing Senior Centers as Focal Points

In the process of designating senior centers as focal points, the following should be considered:

- -The range and effectiveness of services currently offered and the size and diversity of the population currently served.
- -Outreach efforts, access, and breadth of program currently offered, as well as potential for expansion.
- -Ability to perform outreach services to smaller neighborhood-based programs.
- -Level of community and senior acceptance and support of center, and perceived comfort for various categories of seniors (i.e., frail, mobile healthy, minority, etc.).

-Issues of access, equitableness, needs assessment, and planning for service delivery in such a way as to minimize gaps in service.

-Social clubs should not be given priority as focal points in most instances.

-Citizen input should be part of the selection and designation process.

-Any center designated as a focal point (whichever model) must have the potential to become the access point to the total range of senior citizen services, coordinating and facilitating service access and service delivery for all senior programs in the service continuum.

On Services

Technical assistance should be provided by the Area Agency on Aging to designated centers so that program inclusiveness and appropriate scope of activities can be developed.

Senior centers designated as focal points should provide, or provide access to, a set of twenty-six core services defined by the Study Team as basic services, listed on page 14 .

Intensive outreach should be directed toward the diverse cultural and ethnic groups of Orange County, so that seniors from these groups will feel welcome and involved in senior services. Appropriate cultural enrichment services should be provided to ethnic and minority subgroups.

Special attention should be given to the needs of frail elderly persons to assist them in maintaining independent living. Services should include outreach, assistance with shopping, transportation, nutrition programs, medical programs, and day or night care for specific problems.

The chronically ill elderly should be served in community programs. Access, outreach efforts, and supportive services should be provided to these individuals in order to maintain quality of life in their own homes or to move toward de-institutionalization where feasible and financially possible.

Senior service center focal points should complement, not replace, less formal senior programs. Access by older persons to comprehensive services should be facilitated through civic, religious, recreation or neighborhood based programs, and, by the same token, senior

service centers should provide information, referral and access services to these less comprehensive programs.

Focal point centers should coordinate services for their clients through case management and advocacy when the clients are involved in services from the social and health services network of the larger community.

On Staffing and Staff Qualifications

Focal point centers, nutrition sites, and recreation/socialization centers should have a staff director, with remaining staff size dependent upon the extent of the population to be served and special circumstances.

The director of any facility should have formal training and/or appropriate experience. Ability to relate to seniors is more important than the age of the individual.

Some staff positions should be filled by older persons.

All staff members should hold positive views and expectations of older people.

Volunteers of all ages should supplement the paid staff of any facility.

Ongoing training programs should be accepted center personnel policy for both paid staff and volunteers.

Ethnic and minority group seniors should be recruited to serve as staff members, volunteers and board members in senior services and programs.

Needs assessment and outreach techniques and skills should be highly developed within senior center staffs, so that changing community conditions, populations, and new needs can be readily identified.

On Senior Service Facilities

Senior program facilities should be designated for exclusive senior program use whenever possible.

If an all-purpose, multi-age community center is to be utilized for senior programs, the following conditions should be met:

-Specific hours should be set aside for senior programs only.

-Rooms should be set aside for exclusive use of senior programs.

-Entrances and exits should be located to provide easy and unobstructed access for seniors, including frail and disabled.

-Staff should include persons who relate well with senior citizens, as well as some seniors themselves.

-Seniors should be represented on the center's advisory and policy-setting boards.

Communities already operating senior program centers should conduct a needs and use assessment, studying population, potential population, program needs, and facility adequacy. (Many centers are too small to serve the existing clientele, let alone an expanding senior population.)

The feasibility of using existing facilities, such as hospitals, schools and other public buildings, churches, and store fronts, as sites for senior programs should be investigated.

Design of new facilities or conversion of existing structures should be planned to accommodate an expanding senior population.

The design of a facility should evolve from program uses, with seniors providing input to design and program development.

Flexibility of use -- the ability to utilize space for a variety of purposes -- should be a major objective in facility design.

Donated space should be utilized when possible in shopping centers, mobile home parks, public housing, and other areas where there is already a resident or user population of seniors and/or accessible transportation opportunities.

Architectural barriers preventing easy access to less mobile seniors should be avoided.

Separate rooms or other facilities to accommodate groups with specialized needs (such as the frail elderly) should be considered.

On Funding

Sources of additional private and public funding for senior services and facilities should be actively investigated and pursued. In the case of physical facilities, creative funding mechanisms should be explored.

Senior groups and program staff should increase their knowledge, sophistication and technical skills to seek and attain adequate funding for senior programs.

INTRODUCTION

Background and Organization of the Study Team

The Study Team on Senior Centers in a Comprehensive Service Delivery System was organized in February 1979, under the cosponsorship of the Orange County Senior Citizens Council and University of California Extension, Irvine. The project was made possible by a grant of funds to UCI Extension from Title IA of the Higher Education Act as amended, and administered by the California Postsecondary Education Commission, Community Service and Continuing Education Program. The grant program linked the Orange County Senior Citizens Council and UCI Extension in sponsorship of a series of training and educational events and community meetings over a two-year period.

The idea for the Study Team project originated with the Title I program's local advisory committee composed of representatives of the Senior Citizens Council and staff. Members were concerned about the uneven distribution of senior centers in Orange County and the sporadic nature of the programs and services they offered. The Annual Area Plan, July 1, 1978 - June 30, 1979, developed by the Orange County Senior Citizens Program Office, stated:

> Among the 10 big cities (in Orange County), 8 of them have senior centers with on-going programs and 2 of them have approved buildings for senior centers but no on-going programs. Among the 16 small cities, 3 have senior centers, 6 have inadequate centers, 3 have no buildings, 1 is under construction; 6 of them have some on-going programs and the other 10 cities have no on-going programs for seniors.

Coinciding with the recognition that Orange County lacked a coordinated system of senior centers and services was the mandate included in the Comprehensive Older American Act Amendments of 1978 (Public Law 95-478) that:

> Each (area plan) shall designate, where feasible, a focal point for comprehensive service delivery in each community to encourage the maximum collocation and coordination of services for older individuals, and give special consideration to designating multipurpose senior centers as such focal point.

Hence the Study Team was convened to "examine the current status of the delivery system for social services to the elderly in Orange County,

and to consider the potential of senior centers in fulfilling the role of delivery 'focal point.' " The Study Team was further asked to develop a desirable service delivery system for Orange County, as well as guidelines and criteria for various aspects of senior centers.

In order to bring together the widest possible range of viewpoints, a diverse membership of staff and volunteers from public and private agencies and organizations in Orange County's aging network was invited to participate. Names of the 23-member Study Team are found on the inside front cover.

The Study Team met twice monthly for six months under the able leadership of Dr. Marie Weil, Assistant Professor of Social Work, University of Southern California, who drafted the following report. Sema Levinson, member of the Orange County Senior Citizens Council, served as recorder for the group.

Dr. Roy Azarnoff, former director of the Los Angeles (City) Office for the Aging, and Dr. Ross Conner, Associate Professor of Social Ecology, UC Irvine, brought specialized information to the Study Team. The Team also reviewed current literature and legislation relating to senior citizen centers and services. To assess the types and levels of services currently provided, a survey of senior centers and nutrition sites throughout the county was completed.

In October 1979, a one-day conference based on the Study Team's findings and recommendations was held on the UCI campus. Titled Focus on Senior Centers: Their Expanded Role, the conference served as a forum for discussion of senior services, and elicited community feedback and reactions to the Study Team proposals. The Study Team's recommendations received the overwhelming support of the nearly 100 senior citizens and senior service agency staff personnel in attendance. Additional ideas developed at the conference have been incorporated into this final report.

Basic Premises of the Study Team

As the Study Team organized its program of study, initial discussions revealed some of the concerns and interests shared by members. It

was felt that the "focal point" concept and the 1978 Amendments to the Older Americans Act provided an opportunity to improve the quality of services to seniors and to increase the types of services offered. Implied also were increasing outreach to vulnerable populations and increasing programs for underserved geographic areas and a more formal system of case management and accountability for services. Study Team members wanted to maximize the potential for increased and improved services and were concerned that service delivery plans through senior service center focal points be developed in a manner that would 1) meet the legislative intent, 2) implement coordinated and comprehensive services for seniors, and 3) provide for productive citizen and consumer input for planning and feedback regarding program development. The group felt a need to increase and improve communication among those involved in senior programs, and to encourage and enhance coordination, collaboration and cooperation in planning programs and services for seniors in Orange County.

The hallmark of senior service centers is the participation of seniors themselves, as members, service consumers, staff and volunteers, in the planning, conduct and evaluation of senior services. Senior service center programs should be planned with, not for older people. The Study Team is particularly impressed with the "Senior Center Philosophy" articulated in the manual, Senior Center Standards, published by the National Institute of Senior Centers. This philosophy should predominate and pervade all senior center planning, activities and services. The National Institute states in part:

> The uniqueness of the senior center stems from its total concern for older people and its concern for the total older person. In an atmosphere of wellness, it develops strengths and encourages independence, while building interdependence and supporting unavoidable dependencies. It works with older persons, not for them, enabling and facilitating their decisions and actions, and in so doing creates and supports a sense of community which further enables older persons to continue their involvement with and contribution to the larger community.
>
> ... The senior center field adheres to the following beliefs:
>
> * Older people are individuals and adults with ambitions, capabilities and creative capacities.

* They are capable of continued growth and development.
* They, like all people, have certain basic needs, including opportunities for relationships and to experience a sense of achievement.
* They, like all people, need both access to sources of information and help for personal and family problems and the opportunity to learn from individuals coping with similar experiences.
* They have a right to make choices and to be a part of decision-making processes.
* Senior center staffs are obliged to create and maintain a climate of respect, trust and support, and to provide opportunities for older people to exercise their skills and to develop their potential as experienced adults within the context of the whole community to which they belong and to which they bring their wisdom, experience and insight.[1]

1. Senior Center Standards: Guidelines for Practice. Developed by the National Institute of Senior Centers, published by the National Council on Aging, Inc., Washington D.C., p.5.

A CONTINUUM MODEL OF SENIOR SERVICES

"Continuum," as defined in the dictionary, is "an uninterrupted ordered sequence." The Study Team was struck by the applicability of this concept both to the range and level of services needed by senior citizens and to the organization of physical locations where these services are provided.

Services for senior citizens can be described in an ordered sequence of need, for example, from recreational opportunities and socialization programs at one end of the scale, through information and referral services, nutrition, crisis counseling, mental health counseling, housing programs, and other service categories, to "survival" services, such as home delivered meals and full time care at the opposite end of the continuum.

Similarly, the physical locations where the senior makes the contact to receive these services can be viewed as a continuum ranging from neighborhood drop-in centers, which may be limited in program but strong in emotional and social support, to a comprehensive service delivery center which provides, serves as broker for, and coordinates a full range of services to the senior population in a wider geographic area.

Model for Orange County

The Study Team sought to develop a model of senior services which would comply with federal guidelines and would meet the service needs of seniors in Orange County. The geographic and population density variation in Orange County is considerable -- ranging from densely populated urban areas to sprawling suburban areas to isolated and generally underserved rural areas. While seniors share some basic service needs -- for socialization and for access to social and health related services -- the needs of the senior population are as varied as the unique individuals who compose the older population. Seniors living in different communities will have unmet service needs which vary with the presence and availability of services as well as with their own individual interests and needs. Special population sub-groups, such as the frail elderly, low and marginal income seniors and minority group seniors, will also have particular needs based on their own situations, interests and characteristics.

Recognition of this complex variation in the senior population, as well as recognition of shared basic service needs, prompted the Study Team to develop a flexible model for senior services which could be both comprehensive in scope and differentiated in types and levels of service, depending on individual and community need. The Team was particularly concerned to propose a senior service model which would provide for increased and improved coordination of services for seniors in Orange County within a more collaborative and comprehensive service delivery network. The central notion of the Continuum Model is that the senior service center focal points should provide access for seniors to all services which they may need. Such centers can thus function as a community of support, able to respond to changing needs and to offer socialization services, opportunities for friendship and volunteer activities, as well as to provide access to sustainment and life support programs and services.

Senior Service Categories:
Enhancement, Sustainment, Life Support, Access

Within the framework of a continuum range of services and a continuum of locations and service delivery mechanisms, services for senior citizens can be classified in three basic categories.[2]

1. Enhancement Services: Those services which although not necessary for physical survival are desirable and needed to maintain a good quality of life -- such as recreational programs, socialization activities, educational and travel opportunities.

2. Sustainment Services: Those services which are needed for sound social, emotional and physical well-being -- such as nutrition programs, crisis counseling, legal counseling, employment or volunteer opportunities, mental health counseling, respite care, preventive services and health maintenance services.

3. Life Support Services: Those services which are necessary to maintain life -- such as acute or chronic medical care, mental health treatment, day care, night care, out-of-home care, in-home care and nutrition services.

2. The categories for Enhancement, Life Support and Access services were adapted from a presentation to the Study Team made by Dr. Ey, Azarnoff. The Study Team developed the Sustainment category and redefined the categories to fit the continuum model.

A fourth category of services is an essential corollary to these basic service levels, that is:

4. Access Services: Services provided to assist seniors in learning about, connecting to and utilizing other services -- such as information, referral and follow-through, outreach, and transportation services.

The exact mix and balance of services needed in communities will differ with the condition, needs, and desires of the affected senior populations. While services must be tailored to meet the needs of the clienteles to be served, it should be recognized that the more specialized the service, the more costly it is apt to be. Limited resources force choices among priorities, and there are constant trade-offs between efficiency (the more persons served, the lower the unit cost) and effectiveness (intense, continuous, personal services and higher cost). The goal, of course, should be to achieve the highest level of both qualities within available resources.

Program costs, political factors and social issues will have to be carefully considered in selecting the level and range of services for each neighborhood and the larger community. The essence of a comprehensive service delivery system for seniors is the communication and coordination among various programs to assure that seniors receive all the services they need and to which they are entitled. The communication network, feedback systems, case management, information, referral and follow-through systems are the muscles that make a network of services work effectively. The concept of community focal points for service delivery offers a viable focus for maximizing resources, encouraging coordination, and promoting communication among agencies and persons who plan and provide services for senior citizens.

Core and Ancillary Services

Through a modified Delphi technique, examination of previous research (notably a study conducted by the United Way of Orange County), and Study Team research, a set of twenty-six core services was defined as basic services to which all seniors should have access through a senior service center focal point. These services might be provided directly by the

center or the center might serve as a broker to arrange services for center clients through agreement or contract with other service provider agencies. Core services range from daily telephone reassurance to nutrition to counseling and individual needs assessment and case management. The core services and recommended providers are presented in Chart I.

In addition to core services deemed to be essential, the Study Team further defined twelve ancillary or secondary service components that should be offered directly by senior service center focal points, offered under contract at the center location, or for which access to the service at another location would be facilitated or coordinated through the center. For example, a center might itself sponsor crafts and hobbies or recreation programs, might broker a service to provide employment counseling or volunteer opportunities, and might provide service facilitation, case management, and follow-up for access to out-of-home placement or respite care. Chart II lists the ancillary services to be offered through senior center focal points.

Services for Special Needs Groups

Several subgroups within Orange County's diverse senior population have special needs relevant for service planning and program development. Target populations which may require special planning include: 1) the frail elderly; 2) chronically ill or disabled elderly; 3) poverty level or low income elderly; 4) minority group elderly (Hispanic, Black, Pan-Asian, including Indochinese refugees, Indian-Native American). Persons in these special needs categories frequently require specific outreach services, case management and advocacy services to assure their effective utilization of services and entitlements.

Many of these elderly persons are currently living in institutions where some but not all needed services are available. The Study Team endorses the concept and goals of prevention of institutionalization of seniors as well as de-institutionalization whereby seniors currently living in institutional arrangements have access to community-based programs and services and are encouraged to return to independent living.

The Study Team is cognizant that seniors who have lived in institu-

Chart I

Core Services Recommended for All Focal Points in Orange County

Services	Provided by
Daily Service Telephone Calls (Reassurance)	Center
Personal Physical In-Home Care	Center or Brokered
Home Counseling Service	Center or Brokered
In-Home Care; Chores, Cooking, Shopping	Center or Brokered
Home Delivered Meals	Center or Brokered
On-Site Nutrition Program	Center or Brokered
General Information, Referral, and Follow-Through	Center
Assistance with Loans & Emergency Financial Service	Center or Brokered
Legal Services	Center or Brokered
Tax Services	Center or Brokered
Housing Assistance	Center or Brokered
Home Repair	Center or Brokered
Advocacy	Center or Brokered
Senior Day Care	Center or Brokered
Medical/Health Services/Exercise Programs	Center or Brokered
Counseling/Consultation/Mental Health Services	Center or Brokered
Services for the Handicapped	Center or Brokered
Alcohol and Drug Abuse Services	Center or Brokered
Transportation Services	Center or Brokered
Escort Services	Center or Brokered
Bilingual Services (As Needed by Area Population)	Center
Informational Services on Income Support Programs (SSI and Social Security)	Brokered
Outreach	Center
Case Management	Center
24-Hour Emergency Telephone Contact or Relay	Center
Individual Needs Assessment	Center

Chart II

Ancillary Services Recommended for Focal Points in Orange County

Crafts and Hobbies
Recreation
Educational Programs
Trips and Travel
Discount Rates on Meals and Merchandise
Cut Rate RX
Employment Services (Job Finding)
Volunteer Opportunities
Home Security/Crime Prevention/Victim Assistance
Protective Services (Abuse/Neglect/Family Violence)
Services for Out-of-Home Placement
Night Care and Respite Care

ions (especially for long periods of time) and who are to be returned to their homes or to some form of "half-way house" will need access to a full range of treatment, socialization (or resocialization) and advocacy services. The Study Team questions whether the current funding level for senior centers could even minimally provide the specialized and costly services needed by the chronically ill or disabled. While the service needs of these persons may be the greatest, they represent the smallest percentage category of the elderly population (five percent).

The Study Team believes that de-institutionalization efforts and special programs for the chronically ill should not displace programs and funding priorities to serve the needs of the total senior population. Funds should be especially earmarked for the service needs of the chronically ill or institutionalized senior -- and perhaps should come from sources other than the basic funds to operate multipurpose senior centers. Programs to meet the needs of mobile, healthy seniors are surely preventive measures that postpone or eliminate the necessity for institutionalization, and, as such, should be strengthened.

Recommendations

The Study Team makes the following recommendations regarding special needs groups of senior citizens:

1. Intensive outreach should be directed toward the diverse cultural and ethnic groups of Orange County, so that seniors from these groups will feel welcome and involved in senior services.

2. Appropriate cultural enrichment services should be provided to ethnic and minority sub-groups.

3. Special attention should be given to the needs of frail elderly persons to assist them in maintaining independent living; services for them should include outreach, assistance with shopping, transportation, nutrition programs, medical programs, and day or night care for specific problems.

4. The chronically ill elderly should be served in community programs. Access, outreach efforts, and supportive services should be provided to these individuals in order to maintain quality of life in their own homes or to move toward de-institutionalization where feasible and financially possible.

MODELS OF SENIOR SERVICE CENTERS AS FOCAL POINTS

The Comprehensive Older Americans Act Amendments of 1978 encourages the designation of multipurpose senior centers as focal points. The Study Team believes that "focal point" connotes a concept rather than a structure; however, senior centers can be utilized to develop and strengthen the network of senior services by providing information and referral, brokerage and coordination of services, and direct collateral services. A focal point further infers access to services, concerns for equity, locating gaps in services and planning to meet identified needs of seniors in its service area. Thus references to senior centers as focal points relate to functions not places.

The demographic data for Orange County and its older population suggest three models of senior center focal points which are designed to meet the general needs of the senior population and the more specialized needs of isolated service areas and groups with particular service needs.

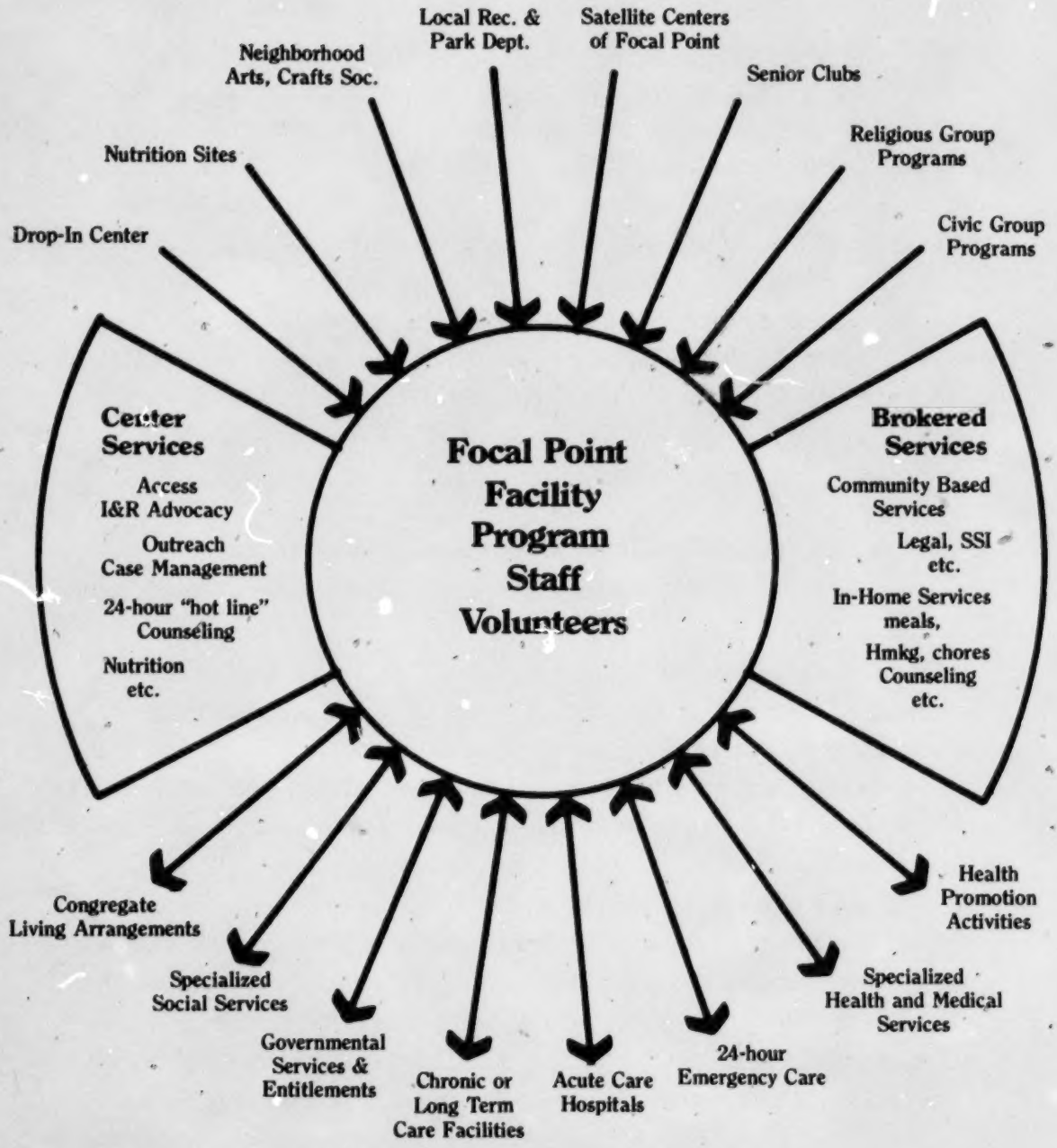
Model I: The Comprehensive Senior Service Center

The Comprehensive Senior Service Center, as a facility-based focal point, will serve a specific geographic area, offering direct and brokered center-based services and serving as an entry point for access to specialized community based services. The Center should be linked to smaller, less comprehensive neighborhood-based senior programs, and should aid them in coordination and cooperation with the center-based network of comprehensive services for seniors.

The Comprehensive Senior Service Center should have a mandate to serve all seniors within its geographic boundaries who are in need of services, with special emphasis on vulnerable populations, such as low income, minority, and elderly. All of the core services, as well as many of the ancillary services, should be provided through direct center-developed and administered services, or through the coordination of brokered services provided through agreement or contract. Case assessment and case management services should be provided. For example, seniors needing services (such as acute care), which are available in the community, could receive information, referral and follow-through

Diagram I

Comprehensive Focal Point



by Dr. Marie Weil

from the center. Access to services, coordination and continued case management for seniors and their families should be major responsibilities of the center.

Diagram I represents the Comprehensive Senior Service Center. As is illustrated, a variety of smaller, neighborhood-based senior programs, such as drop-in centers and senior clubs, would feed into this focal point. The comprehensive center would provide access to a variety of center-based and brokered services in the areas of life enhancement, sustainment and life support. Examples of center-based and brokered services are presented in the diagram. This focal point assumes a well developed physical facility appropriate for offering a variety of programs and services. The center would maintain coordination of its own program and services, and, as noted, would provide access, referral, case management and follow-through services for seniors in need of more specialized services available through the larger community social and health services network. These types of more specialized services appear at the bottom of the diagram.

Model II: The Special Population Group Senior Service Center

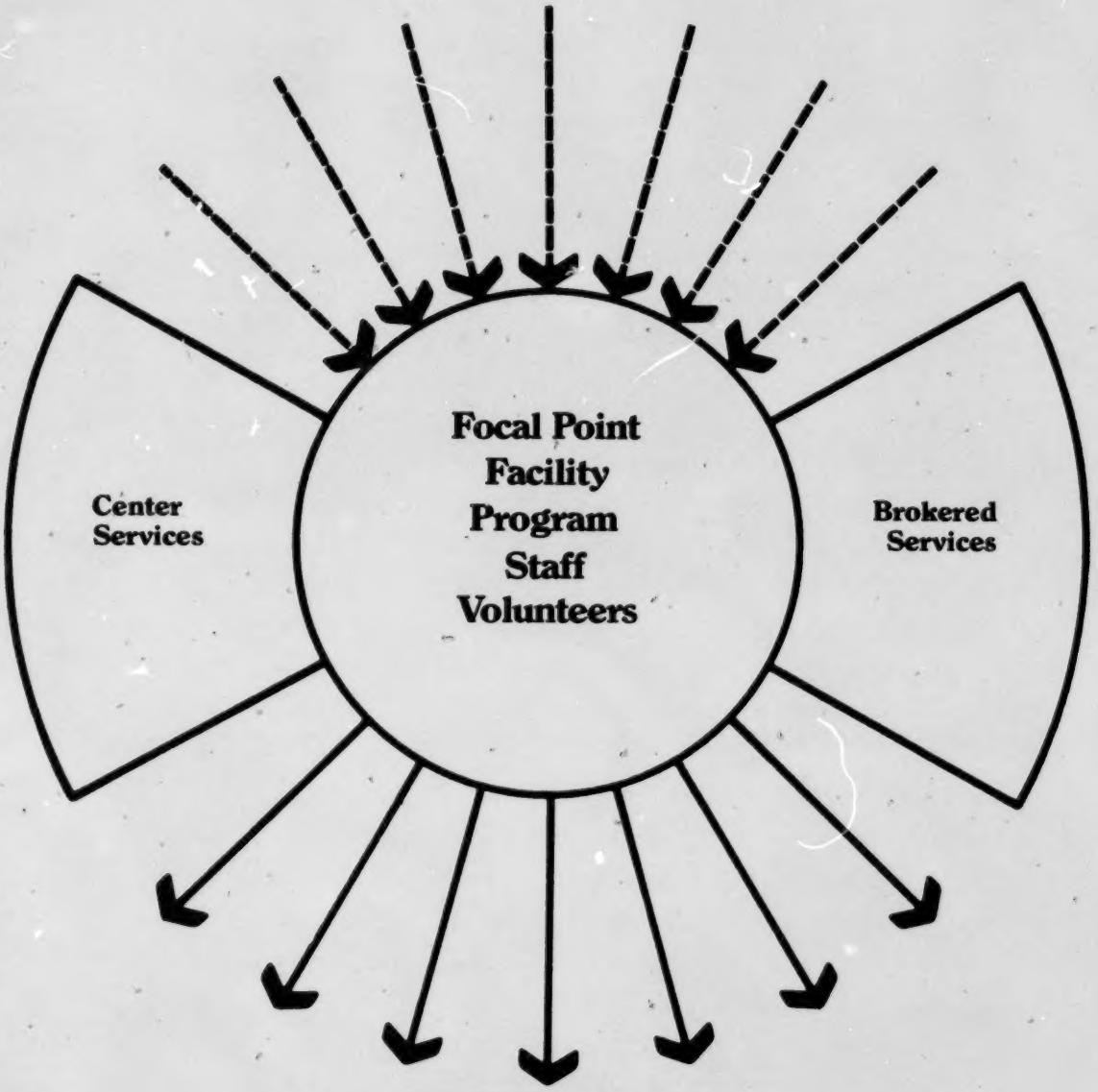
Some senior population groups which share basic service needs with the larger senior population also have very critical and specialized needs which relate to their physical condition and/or their culture. While many seniors from specific cultural and ethnic groups will choose to avail themselves of services in the comprehensive focal point most convenient to them, others who are less a part of, or less assimilated to, the dominant cultural patterns will need specialized services related to cultural needs as well as the core senior services.

This same principle holds true for the elderly who are identified through health or disability problems as being "frail." Some will wish to maintain involvement with their geographic service centers, while others will need or prefer to be related primarily to programs which are designed to meet the particular needs of frail or disabled persons. Both options should be available to seniors with special problems.

Diagram II

Special Population Group Focal Point for Senior Services

Draws Population from a Community Of Interest — Specific Group Population may come from a wide service area for culture and need specific services.



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The Special Population Group Centers in contrast to the comprehensive focal points would draw their service populations from a wider geographic area -- from a community of interest. While seniors in a specific ethnic group, for example, might receive some services and participate in some programs through neighborhood-based programs, their primary access to focal point services and access to coordinated larger community-based services can better be managed by the Special Population Group Center staff who will have translation skills, understand the culture and orientation of the group, and will be especially capable of advocating the needs of their special clienteles.

The Special Population Group Centers should offer culture-specific services (such as maintenance of cultural customs; for example, observance of Indian festivals and teaching and maintaining Indian languages and crafts). Assimilation-related services should be offered to aid in independent living (such as classes in the English language and orientation to American customs to assist Indochinese refugees to understand and function in their new environment).

Transportation and translation services may be needed for these special population groups when they are moved into larger community-based social and health service networks. The staff of this facility can expect to play a much greater role in case management and intensive follow-through. Diagram II illustrates the Special Population Group Center focal point.

Model III: Mobile Senior Service Center

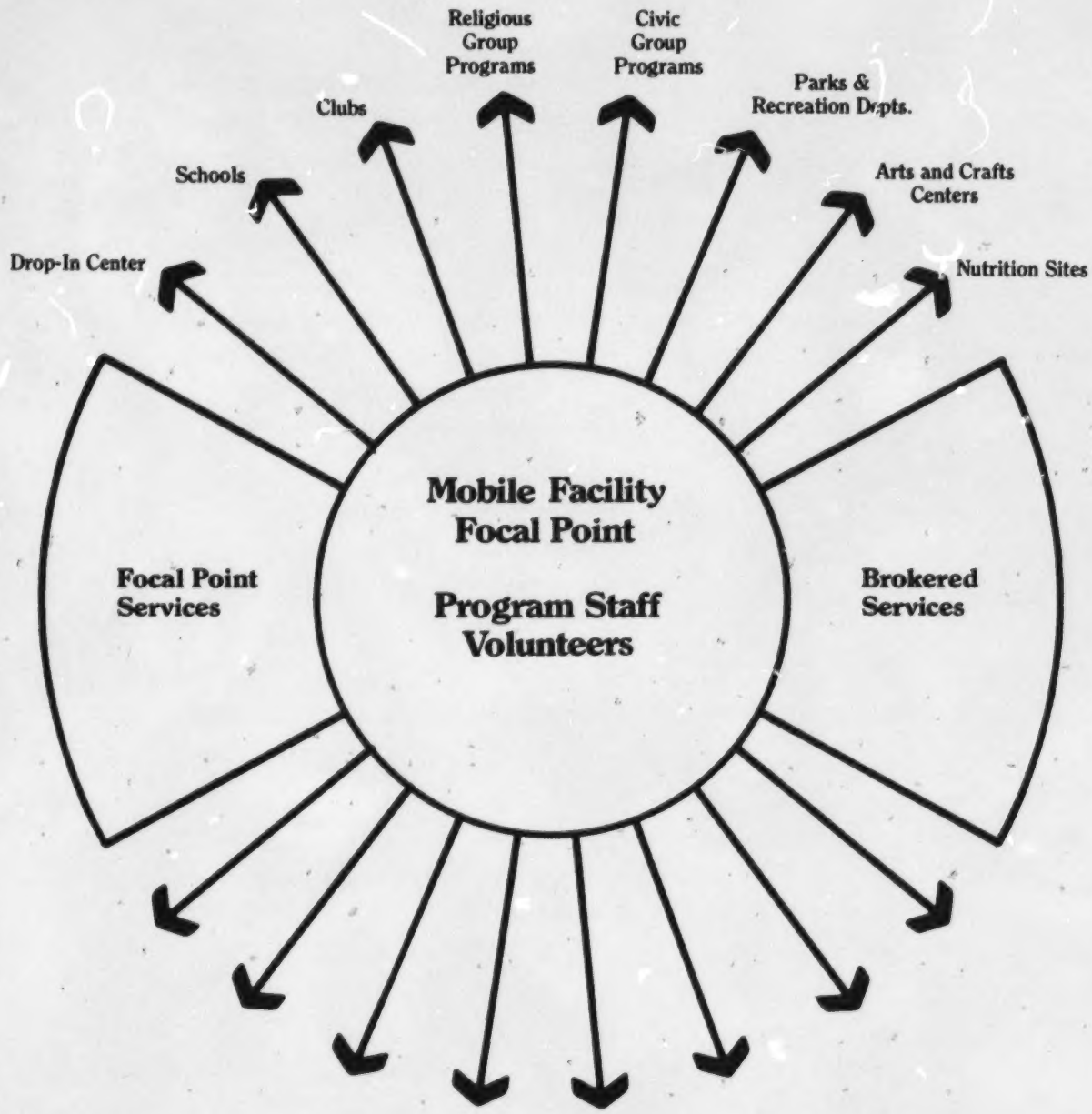
Mobile facility centers are desirable in communities where: 1) the senior population is not large enough to warrant construction or conversion of a facility; 2) the senior population, while large, is isolated or scattered over a wide geographic area, or 3) a mobile focal point, coordinated with various neighborhood-based senior programs, is the preferred model of services.

The Mobile Center should coordinate services closely with local neighborhood programs, and scheduling problems should be handled sensitively to assure equal access to and coverage for core services. Certain services, such as 24-hour emergency referral and assistance, should be

Diagram III

Mobile Facility Focal Point

Services a variety of rural communities, or isolated Seniors, or scattered senior population. Delivers services at a variety of neighborhood based points of service.



Access to Community Based Social and Health Services

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located in a specific place, while other services, such as basic health and dental screenings, can be handled from the mobile facility. See Diagram III.

Recommendations

1. The three models of focal point senior centers described above should be considered for Orange County:

   A. A Comprehensive Senior Service Center as a focal point for services should be developed in communities with a significant senior population.

   B. Special Population Group Senior Service Centers should be designated as appropriate, and should be located as close as possible to the highest density of the respective client population to be served.

   C. A Mobile Senior Service Center should be utilized to meet service needs where the senior population is small, isolated or scattered.

2. A Comprehensive Senior Service Center as a facility to embody the concept of a "focal point" for senior services ultimately should provide all of the core services (listed on page 14) and most of the ancillary services (same page) as identified by the Study Team.

3. Any center designated as a focal point (whichever model) must have the potential to become the access point to the total range of senior citizen services, coordinating and facilitating service access and service delivery for all senior programs in the service continuum.

SERVICE NEEDS AND DESIGNATION OF FOCAL POINTS *

The focal point concept is intended to develop a comprehensive and coordinated service delivery system for the elderly. Such a coordinated system can greatly aid in providing for specific responsibility for particular services and accountability for the delivery of those services.

Senior Centers as Focal Points

If senior centers are to be given special consideration with regard to selection as focal points, it is important to use a functional definition of the term "senior center." Many programs not labeled "senior center" already serve as informal focal points for service and access to service, and some programs which are called "senior centers" serve primarily as social and recreational centers for members -- and membership frequently is or is viewed as exclusive (by area, income, or ethnicity). As recipients of public funds for programs and services, all facilities designated as "focal points" must be inclusive in membership and involved in outreach to vulnerable populations to insure that those most in need of services are served.

Few senior service centers in Orange County currently are able to offer the total range of services to meet the needs of seniors in their service areas. Many centers are short-staffed and operate only a few days or a few hours per week. Many senior needs go unidentified and unmet. Senior citizens, perhaps more than other age groups, are often reluctant to admit their need for services, socialization opportunities, or indeed any outside help.

The Study Team believes that senior centers should become more sophisticated in their capability to assess the needs of seniors already participating in their programs, as well as the level and types

* The 1978 amendments to the Older Americans Act charged Area Agencies on Aging with the responsibility of designating a focal point in each community.

of needs of other seniors in their service areas who do not utilize the facility. Greater skills in outreach techniques and actions should be developed, especially to reach vulnerable groups such as frail, low income, or minority seniors. Doubtless many centers or programs will require and should be provided with technical assistance in initial stages of this needs assessment task. However, centers should begin to develop capabilities within their own staffs so that changing community conditions, populations, and new needs can be identified at an early stage.

Communities which already have senior program centers should conduct a needs and use assessment, studying population, potential population, program needs, and facility adequacy. Many existing centers (even relatively new ones) are already too small for the population they serve. The need for expansion or for the development of satellite centers should be studied.

Recommendations

In the process of designating focal points in Orange County, the Study Team recommends the following:

1. Focal points should be selected with consideration of the range and effectiveness of services currently offered and the size and diversity of the population currently served.

2. Outreach efforts, access, and breadth of program currently offered, as well as potential for centralized expansion and expansion of brokered services should be given major consideration.

3. The focal point should have the ability to perform outreach services to smaller neighborhood-based programs to assure quality referral and service access.

4. The level of community and senior acceptance and support, and perceived comfort for various categories of seniors (i.e., frail, mobile healthy, minority, etc.) at existing facilities should be considered as major factors in the selection of focal points.

5. The designation process should give careful consideration to issues of access, equitableness, needs assessment, and planning for service delivery in such a way as to minimize gaps in service.

6. Programs which are predominately social clubs serving recreational and socialization needs should not be given priority as focal points in most instances. However, if circumstances war-

rant the designation of a club base as a focal point, the following conditions should be met:

A. Membership cannot be exclusive; the program must be open to serve all seniors, especially vulnerable populations.

B. Technical assistance should be required to develop a social service focus and the capacity for administration and coordination of a variety of services for a diverse senior population.

7. The process of designating focal points should allow for citizen input.

8. The information, models, and recommendations of the Study Team should be considered in the planning and designation process.

The following recommendations apply after the selection process has been completed:

9. Technical assistance should be provided by the Area Agency on Aging to new focal point designees so that program inclusiveness and appropriate scope of activities can be developed for equitable services for seniors.

10. Facilities designated as focal points should undertake intensive outreach efforts to contact seniors who are members of vulnerable (or special needs) populations.

11. Programs emanating from Comprehensive Senior Service Centers should give special attention to the frail elderly with the goal of enabling them to maintain independent living, including a variety of in-home care services.

12. Comprehensive Senior Service Centers should exert extraordinary outreach efforts to draw the leadership of cultural and ethnic minorities (especially representatives of newly arrived Asian refugees) into the mainstream of the aging network of Orange County, so that senior programs can be planned and conducted to better meet the range and scope of special population needs.

ADMINISTRATION OF SERVICES IN SENIOR CENTER FOCAL POINTS

The administration or responsibility for control and management of services is a central issue in developing a coordinated and comprehensive service network. It is unlikely that any senior service center focal point will have sufficient staff and material resources to fund directly and provide all core and ancillary services. Therefore, it is important to determine which programs will be directly operated by a center and which services will be brokered or contracted to insure access to comprehensive services. In addition to decisions about which services will and will not be directly sponsored and supported by a center, it is important to clarify the administrative and accountability arrangements for brokered or contracted services.

In order to develop an effective and interlocking continuum of services for seniors in Orange County, it will be necessary for each center to make some clear choices and to explore the potential of alternatives in the selection of the level and locus of service administration. Administrative options for management of services are illustrated in the following chart.[3]

Chart III

Administrative Decision-Making Continuum for Senior Service Center Focal Points

Co-location: Different agencies provide services in the same location -- a "supermarket" of services is offered, but there is no connection between one service and others.

Cooperation: Separate services are offered in the same location, and staffs may work together informally to provide comprehensive service to clients. For example, transportation and health personnel cooperate to get a client to a clinic.

Coordination: Service agencies plan to work together to serve the client. The coordination or tapping into services as needed is done by the person who is working with the senior citizen (for example, the case manager).

Control: A single agency is in charge or control of all services. (For example, London has such agencies in each of its boroughs to provide all social services except health.)

3. Azornoff presentation to Study Team.

The focal point model for senior service centers as developed by the Study Team would involve centers in a variety of administrative arrangements from this continuum of administrative options. The preferred administrative process would be focal point coordination of brokered services (services arranged for center clients through agreement or contract) and direct focal point control of many services. Focal points should continue to coordinate services for their clients through case management and advocacy when the clients are involved in services from the social and health services network of the larger community. Administrative decision-making level and locus is then one part of a matrix to illustrate the continuum model of services for seniors.

The other axis of the continuum matrix is the range of services offered by a particular senior service center. As noted in previous discussion, the Study Team recommends that service center focal points provide the listed core services and most of the ancillary services. The levels of service offered by centers which are not comprehensive, full-service focal points will be quite varied. Neighborhood based programs may tend to offer more enhancement services and utilize access services and life support services offered through the nearest senior center focal point.

Three basic points on the continuum of service levels are presented as center models in the chart on the following page.

Chart IV

Major Service Level Models on the Level of Service Continuum

Social Recreational Center: Neighborhood based program which offers primarily enhancement services and coordinates with a focal point for access services and life support services. This is a much needed service level which can offer social support and socialization programs and services such as drop-in centers, recreation, physical fitness, information and referral, etc.

Nutrition-Based Service Programs: A nutrition site currently offers a range of services and this range could be amplified to become a focal point or may be developed to coordinate with focal point services. Nutrition-based services include the social programs offered at nutrition sites, some enhancement services, some sustainment services and coordination with senior service center focal points for access and life support services. Mandated supportive services of the Older Americans Act would be included.

Senior Service Center Focal Points: These centers would include the core services and most of the ancillary services listed by the Study Team. The Senior Service Center focal points would provide enhancement, sustainment, life support and access services of a wide variety. The focal point centers would move towards provision of all services mandated in California Assembly Bill 998* including a major emphasis on case management and individual needs assessment. These focal points for senior services should be one of the three types developed by the Study Team: 1) Comprehensive Senior Service Center; 2) Special Population Senior Service Center; 3) Mobile Facility Focal Point.

In addition to these three points on the service continuum, there will be a variety of other service entry points into the comprehensive service continuum. The development of senior service center focal points does not negate the need for less formal or specific need senior programs.

* This bill requires that the Health and Welfare Agency establish Pilot Multipurpose Senior Services Projects which would develop information about test effective methods for coordinating and supplementing the various categorically funded social and health services available to the elderly. The key objective of the bill is to prevent premature disengagement of older persons from their communities by providing moderately impaired or frail older persons access to appropriate social and health services, without which independent living would be impossible.

The possibilities of involvement for religious, cultural or civic purposes will be of great importance for many seniors. Local recreation programs or clubs can provide a vital support in life enhancement services and programs. It is important that the senior service center focal points do not replace but rather that they supplement these less formal programs. Access by older persons to comprehensive services should be facilitated through civic, religious, recreation or neighborhood based programs, and, by the same token, senior service center focal points should provide information, referral and access services to these less formal and less comprehensive programs. Types of senior programs should be on a continuum from very local neighborhood type "drop in" centers to the focal points that are full service, multipurpose comprehensive centers.

Chart V presents the full range of programs likely to be available to Orange County senior citizens in the service continuum.

Chart V

Service Level Continuum

A. Civic Group Programs for Seniors
B. Religious Group Programs for Seniors
C. Neighborhood Drop-In Centers
D. Neighborhood Arts, Crafts and Socialization Programs
E. Local Recreation Department Senior Programs
F. Senior Clubs
G. Nutrition Sites
H. Most of the Current "Senior Centers" Programs
I. Satellite Centers of Focal Points
J. Focal Point Service Centers for Seniors
    (1) Comprehensive Focal Points
    (2) Special Population Group Focal Points
    (3) Mobile Facility Focal Points

Service Matrix

Combining the options for Administrative Control and the Service Level Continuum in a matrix design visually presents the possible options for the relationship between administrative control and service comprehensiveness. All potential combinations of service options and administrative options can be located on the matrix and provide a planning tool for service development and coordination.

The relationship between the administrative locus and service level options is illustrated in the matrix presented in Chart VI. One axis of the matrix illustrates the continuum of administrative control and the other the continuum toward comprehensive service programs for seniors. Designed to include all service model types, the matrix is intended as an aid to senior groups, citizens groups, program staff and decision makers in developing a comprehensive service delivery network.

Chart VI

Matrix for Service Continuum

Continuum Towards Administrative Control ▶▶▶▶

Continuum Towards Comprehensive Service Programs for Seniors ▶▶▶▶

Co-Location	Cooperation	Coordination	Control	Service Level Continuum
				Civic Group Programs
				Religious Group Programs
				Neighborhood Drop-In Centers
				Arts, Crafts and Recreation and Socialization Programs
				Local Recreation Dept. Senior Programs
				Senior Clubs
				Nutrition Sites
				Most of the Current "Senior Center" Programs
				Satellite Centers of Focal Points
				Focal Points
				— Comprehensive
				— Special Population Group
				— Mobile Facility

Matrix by Dr. Marie Weil

STAFFING OF SENIOR CENTERS

The Study Team's recommendations on staffing patterns and issues for major service continuum points are the following:

1. Comprehensive senior service centers should have a full time director plus two to eight staff members, depending upon the size of the population to be served and the number of services directly provided by Center staff.

2. Nutrition sites should have a director, with remaining staff dependent upon whether meals are cooked on site or elsewhere.

3. Recreation or socialization centers should have a director, plus two to four assistants, depending upon the size of the population to be served.

4. In terms of qualifications, the director of any facility should have formal training and/or appropriate experience. While the age of the individual in this position should not be a significant factor, his or her ability to relate empathetically to seniors is of primary importance.

5. Every effort should be made to fill some staff positions with older people.

6. All staff members should hold positive views and expectations of older people.

7. The paid staff of any facility should be supplemented by volunteers who are older persons and by volunteers recruited from service, religious, and civic organizations.

8. Ongoing staff development and training to strengthen a center's capabilities should be an accepted personnel policy in all facilities. Such programs should include volunteers as well as paid staff.

9. Careful attention should be given to the recruitment of ethnic and minority group seniors as staff members, volunteers, and board members in senior services and programs.

10. Senior program staff should be skilled in case management techniques, so that seniors and their families are adequately supported when services are needed.

CRITERIA FOR PLANNING SENIOR SERVICE FACILITIES

The community which lacks any kind of service-based senior center program may choose to acquire a facility. The decision must be made as to whether a given community will develop a multi-service center to provide and coordinate the continuum of services for seniors only, or a community multipurpose center which will serve a variety of community needs and age groups. Realistically, the latter choice will be necessary for some communities due to political considerations and funding limitations. However, communities faced with an open decision between a seniors-only vs. multi-age service program facility should consider the following benefits accruing to a center exclusively used by seniors:

1. Provides a special sense of identity for seniors with a program and facility at a point in life when many persons face a reorientation or decrease of activities and spheres of influence.

2. Provides a sense of control over a fulfilling aspect of their lives within the center program, as control over other aspects of life (job, family) decreases.

3. Develops strong peer groups and natural support networks.

4. Presumes greater likelihood of program direction and increased program planning input where the senior population is the total population served.

The Study Team strongly urges that senior program facilities designated for exclusive senior program use. Experience indicates that in multi-age community centers, seniors frequently are "squeezed out" of the schedule. Frail elderly persons particularly may be uncomfortable in multi-age group centers.

The following recommendations are made to those persons involved in decisions for facility and program planning in communities which now administer or plan to develop an <u>all-purpose, multi-age use community center</u>:

1. Some specific hours should be set aside for senior programs only.

2. Some rooms in the center should be set aside for exclusive use of senior programs.

3. Entrances and exits should be located to provide easy and unobstructed access for seniors, including frail and disabled (e.g., seniors should not have to maneuver a wheelchair through a junior high school basketball game in order to get to their meeting room!).

4. Staff should be selected who relate effectively and empathetically with senior citizens as well as other age groups. Some seniors should be included among program staff.

5. Seniors should be represented on advisory and policy-setting boards of community multipurpose centers.

Additional recommendations regarding <u>any</u> facilities for senior programs are:

6. Communities should investigate and consider the use of existing facilities, such as hospitals, schools and other public buildings, churches, and store fronts, to determine their feasibility as sites for senior programs.

7. Communities should plan for the expanding senior population (and declining school age population) in designing new facilities or converting existing structures.

8. Seniors should be involved in the planning of a new or renovated center in design phases as well as program development. <u>Design should be evolved from program uses.</u> Planning committees in addition to seniors, should include an architect and experienced program staff.

9. Appropriate design or renovation should assure flexibility of use and the ability to utilize space for a variety of purposes. Centers should be planned or renovated with such flexibility as a major consideration.

10. Communities and interested groups should consider the possibility of securing donated space in shopping centers, mobile home parks, public housing, and other areas where there is already a resident or user population of seniors and/or accessible transportation opportunities.

11. Communities or interested groups must give careful attention to the matter of architectural barriers which might prevent easy access to less mobile or frail or disabled seniors.

12. Special attention should be given to planning for groups such as the frail elderly who might need nutrition and service program areas tailored especially to their needs. Extremely frail persons are sometimes unable, fearful, or unwilling to be involved in program areas with more mobile groups. Separate rooms or other facilities should be considered to accommodate the needs of groups with specialized needs.

13. Communities which already have senior program centers should conduct a needs and use assessment, studying population, potential population, program needs, and facility adequacy. Many existing centers (even relatively new ones) are already too small for the population they serve. Careful planning for expansion or for the development of satellite centers should be studied.

FUNDING

The time constraints of the Study Team project did not permit even a cursory exploration of alternative or supplemental funding sources for senior citizen service facilities and programs. However, given the projected increases in the senior population over the next several decades and the expanded services they portend, the Study Team recommends that communities investigate and actively pursue additional private and public sources of funding for senior services. Creative funding mechanisms should be explored in order to maximize available funds for development or conversion of facilities.

There is a need among senior groups and program staff to increase their knowledge, sophistication and technical skills in seeking and attaining adequate funding for senior programs.

BIBLIOGRAPHY

Annual Area Plan for Progress Toward a Comprehensive Coordinated Service System For Older Persons. Senior Citizens Program Office, Area Agency on Aging #22 for the County of Orange in California, July 1, 1979-June 30, 1980.

Belcher, Ellen Abby. Developing Community Supports for Older Volunteer Programs. Older Americans Volunteer Program, ACTION, Washington, D.C., August 1973.

Hartford, Margaret E. The Senior Years: Working with Older Adults in American Life. Older Americans Volunteer Program, ACTION, August, 1973.

Seguin, Mary M. The Dynamics of Voluntarism and Older Volunteers. Older Americans Volunteer Program, ACTION, August, 1973.

Jordan, Joe J. An Architect's Evaluation of Building Design, Equipment and Furnishings: Senior Center Facilities. National Council on the Aging, Inc., 1975.

Jordan, Joe J. Senior Center Design: An Architect's Discussion of Facility Planning. National Council on the Aging, Inc., Washington, D.C., 1978.

National Council on the Aging, Inc. The Multi-Purpose Senior Center: A Model Community Action Program. Washington, D.C., 1972.

National Institute of Senior Centers. Senior Center Standards: Guidelines for Practice. National Council on the Aging, Inc., Washington, D.C., 1978.

National Institute of Senior Centers. Senior Center Standards: Self-Assessment Workbook. National Council on the Aging, Inc., Washington, D.C., 1979.

National Institute of Senior Centers. Senior Centers: A Focal Point for Delivery of Services to Older People. National Council on the Aging, Inc., Washington, D.C., 1972.

Data from the survey of Orange County senior services sponsored by the Study Team are on file in the Orange County Senior Citizens Program Office.